

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155723</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/22/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVER POINTE HEALTH CAMPUS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3001 GALAXY DR</b> <b>EVANSVILLE, IN 47715</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00121753 completed on January 8, 2013.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00123484 and Complaint IN00124211.</p> <p>Complaint IN00121753 Corrected.</p> <p>Survey dates: February 21 and 22, 2013</p> <p>Facility number: 002280 Provider number: 155723 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 47 SNF/NF: 10 Residential: 34 Total: 91</p> <p>Census payor type: Medicare: 29 Medicaid: 9 Other: 53 Total: 91</p> <p>Sample: 4 Residential sample: 4</p> <p>River Pointe Health Campus was found to be in compliance with 42 CFR Part 483 Subpart B and</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 410 IAC 16.2 in regard to the PSR to Complaint IN00121753.  Quality review completed on February 27, 2013, by Jodi Meyer, RN			{F 000}			